NOV. 14. 2005 4:30PM GLAXO WELLCOME. NO. 8493 P. 2 PART B - FEE(S) TRANSMITTAL Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Complete and send the form, together with applicable fee(s), to: Mail NOV 1 4-2005 Alexandria, Virginia 22313-1450 INSTANCTIONS: This four should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further experience including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated the propriate accordance including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance respondence reduced accordance address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance respondence reduced accordance address. (571) 273-2885 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address) 08/25/2005 23347 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Certificate of Mailing or Transmission GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B475 FIVE MOORE DR., PO BOX 13398 RESEARCH TRIANGLE PARK, NC 27709-3398 11/15/2005 TBESHAH2 00000064 071392 09914830 (Depositor's name) Pfeiffer Marjorie J. 1 FC:1501 FC:8001 1400.00 DA November 2005 (Date 12.00 DA CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 4156 PG3614USW 09/24/2001 Anthony Patrick Jones 09/914.830 TITLE OF INVENTION: MEDICAMENT DELIVERY SYSTEM PUBLICATION PEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY ISSUE FEE APPLN, TYPE 11/25/2005 50 \$1400 \$1400 nonprovisional NO CLASS-SUBCLASS ART UNIT EXAMINER 3743 128-200230 MITCHELL, TÉENA KAY Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). . 2. For printing on the patent front page, list James F. Riek (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE SMITHKLINE BEECHAM CORPORATION Philadelphia, Pennsylvania Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🗀 Government 4b. Payment of Fec(s): 4a. The following fcc(s) are enclosed: 🖄 Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038; is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 0.77-1.39.2 (coclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27-The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other parry in interest as shown by the records of the United States Paraga and Trademark Office.

Authorized Signature Typed or printed name

<u> -11-5002</u>  $\mathcal{M}$ Date

39,009 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestible for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE OMB 0651-0033

PAGE 2/4 \* RCVD AT 11/14/2005 2:35:46 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/28 \* DNIS:2732885 \* CSID:919 483 7988 \* DURATION (mm-ss):01-48





To BOX ISSUE FEE

Company USPTO

Fax (571) 273-2885

From Marjorie J. Pfeiffer

Tel 1-919-483-9038; Facsimile: 1-919-483-7988

E-mail marjorie.j.pfeiffer@gsk.com

Date November 14, 2005 Pages including cover Subject Fee(s) Transmittal – Appl. No. 09/914,830

GlaxoSmithKline
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709

Tel: 919 483 2100 www.gsk.com

Re:

Fee(s) Transmittal

Application of Anthony Patrick JONES et al.

U.S. Serial No.: 09/914,830; Filed: September 24, 2001

Date of Mailing "Notice of Allowance and Fees Due": August 25, 2005

Confirmation No. 4156

Title: Medicament Delivery System
Attorney Docket No. PU3614USw

## Attached:

1. Fee(s) Transmittal (Part B), in duplicate with Certificate of Transmission (37 CFR 1.8(a))

This supercedes fee(s)
transmittal at 2'26pm
on 11/14/05 with unsigned
Certificate of Transmission.

The information contained in these documents is confidential and may also be privileged and is intended for the exclusive use of the addressee designated above. If you are not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, any disclosure, reproduction, distribution, or any other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

**Auto-Reply Facsimile Transmission** 

TO:

Fax Sender at 919 483 7988

Fax Information Date Received: Total Pages:

11/14/2005 2:23:53 PM [Eastern Standard Time]

3 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received Cover Page

K	SOT, 14, 2005 4:182M GLAXO FELLOCAS	375. 2480 P. 1
		_ :
	A.	500
	EAV E	GlaxoSmithKline
	FAX	
	To BOX ISSUE FCE	Biographith Man
	Company USPTO	Flow Miscre Drive - reseasorsh Trisnight Pedit Marin Carolina 27700
	Fax (671) 273-2885	
	From Marjoria J. Protiter	Medical Bary come Last Bills with Skidter
	Tel 1-919-483-9089; Facekrule: 1-919-493-7988	
	f-mail manorito, planter Ages, com	
	Date November 14, 2005 Pages including cover \$	
•	Subject Fee(s) Transcribe: - Appl. No. Ve/s14,830	•
	Subject Pages   Landeling - white the same	
	U.S. Bartin No.: 09/914/830; Flock September 24, 2001 U.S. Bartin No.: 09/914/830; Flock September 24, 2001 Data of Malling "Notice of Allowence and Food Dud": August 26, 29 Confirmation No. 4158 Trip Medicamuni Debreny Syraam Assomay Decket No. PU3014USw	nw.
	Apached:	
	1. Foc(s) Transmittal (Part B), in duplicate with Contineate of Transmispion (37 CFR 1.6(=))	
	WANT CHILDREN AT THE PROPERTY AND ADDRESS OF THE PERSON OF	
		:
ı		•
;	•	
		•
:		•
•		
	*	All from dad for the production tiet of the
: '		
•	This Witnessition committees departments in confidencial and may also be privileged and	Ippose bis to defear it to me intended
•	The information constrains in trees downtheats is confidential among also be privileged and addresses designed who haves. If you are not the landed recibing or his complying or gath, problems any discolute, reproduction, destribution, or any other discontinuation or time of this have suched this branchic both is exerciples and principles of the interestation by telecomorphism of the have suched this branchic both is exerciples as operand the interestation by telecomorphism.	19 spame ble in defear it to the introduct communication is switchy prohibited, if you we gan unlengto be its return,

PAGE 4/4 \* RCVD AT 11/14/2005 2:35:46 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/28 \* DNIS:2732885 \* CSID:919 483 7988 \* DURATION (mm-ss):01-48